

**MORTGAGE BROKER
LENDER AND / OR SERVICER**

**REGISTRATION APPLICATION
PROCEDURES
(For FIS 1019)**

The Commissioner of the Office of Financial and Insurance Services has determined that this application is available for public inspection or copying pursuant to the provisions of the Freedom of Information Act, PA 442 of 1976, MCL 15.231 et seq; MSA 4.1801(1) et seq, and section 2109 of the Michigan Banking Code of 1999, as amended, MCL 487.12109; MSA 23.710(12109). Accordingly, except as otherwise indicated in this application, the contents of the application shall be disclosed to any person who properly requests an opportunity for inspection, examination, or copying.

1. An incomplete application will not be accepted. Please respond completely to all questions on the registration form. If a question does not relate to your business or its activities, complete the question with a "none" or "not applicable" answer. An application will not be accepted if it contains whiteout or strikeouts.
2. The application for registration must be made in writing (ink or typed) to the Commissioner of the Office on the attached forms.
3. If registrant is a corporation, resident agent and address must agree with that on file with the Corporation and Land Development Bureau.
4. If registrant is approved as a seller or servicer by the Federal National Mortgage Association or the Federal Home Loan Mortgage Corporation, please attach a copy of the notification letter or certificate of such approval.
5. If registrant is approved as an issuer or servicer by the Government National Mortgage Association, please attach a copy of the notification letter or certificate of such approval.
6. If registrant is licensed as a real estate broker or real estate salesperson under Article 25 of the Occupational Code, please attach a copy of such license. This license must be in the same name as the applicant (including dba if necessary).
7. If registrant is a subsidiary or affiliate of a depository financial institution or a subsidiary or affiliate of a holding company of a depository financial institution, please state the name and address of the depository financial institution.
8. If registrant will be conducting business under an assumed name, please attach a copy of the assumed name filing.
9. If registrant is a corporation, please complete the Affidavit of Official Signing of Registration and Certificate of Resolution, Corporate Board of Directors.
10. Complete only the license **OR** registration application, not both
11. Mail your check, payable to the State of Michigan, and the complete application to:

Division of Financial Institutions
ATTN: Licensing and Enforcement
P. O. Box 30224
Lansing, MI 48909

Questions pertaining to the completion of this registration may be directed to the Office's Licensing and Enforcement at (517) 373-3460.

Application for Mortgage Broker, Lender, and/or Servicer Registration

Authorized by: Act No. 173 of the
Public Acts of 1987, as amended.
Required for registration as a mortgage
broker, lender, or servicer.

(Check appropriate box or boxes)

☐ Mortgage Broker

☐ Mortgage Lender

☐ Mortgage Servicer

Please read and refer to the accompanying instructions before completing this application.

Name (Corporation, Partnership, Sole Proprietorship, or Individual). Include DBA name(s), if applicable.		
Street Address		
City	State	Zip Code
County	Telephone No. ()	Facsimile No. ()
Federal Taxpayer I.D. No.	State Where Organized	
Date of Organization	Date admitted into Michigan, if Foreign Corporation or Association	
Name of Michigan Resident Agent	Address of Michigan Resident Agent	
Name of state(s) other than Michigan where the Applicant or its affiliates currently broker, originate, or service First Mortgage loans.		

STATUS OF APPLICANT: (Check appropriate box)

☐ An individual doing business
under own name

☐ A limited partnership

☐ A limited liability company

☐ An individual doing business
under an assumed/trade name

☐ A general partnership

☐ An association

☐ A corporation
Michigan corporate I.D. # _____

☐ Other
(describe) _____

CATEGORY OF REGISTRANT

(Check appropriate box)

If you do not fit into at least one of the following categories, you do not qualify to register under the Act.

- ☐ A mortgage broker, lender, or servicer approved as a seller or servicer by the Federal National Mortgage Association.
- ☐ A mortgage broker, lender or servicer approved as a seller or servicer by the Federal Home Loan Mortgage Corporation.
- ☐ A mortgage broker, lender or servicer approved as an issuer or servicer by the Government National Mortgage Association.
- ☐ A real estate salesperson or real estate broker licensed under the occupational code, acting as a mortgage broker **ONLY**, and brokering to **ONE** licensee or **ONE** registrant. Please list the name and address of the licensee or registrant:

FIRM NAME _____

ADDRESS _____

Please verify that the company listed above is properly licensed or registered under the act prior to submitting this application.

- ☐ A real estate salesperson or real estate broker licensed under the occupational code, acting as a mortgage broker, lender, and/or servicer **ONLY** in connection with the real estate sales of the registrant.
- ☐ A mortgage broker, lender or servicer which is a subsidiary or affiliate of a depository financial institution or a subsidiary or affiliate of a holding company of a depository financial institution. Please list the name and address of the depository financial institution:

FIRM NAME _____

ADDRESS _____

If Registrant is other than an individual, list the names of all partners, officers, directors, shareholders and affiliates of the firm, co-partnership or association. "Officers" means chief executive and/or operating officer, president, executive or senior vice president, secretary and treasurer. "Shareholders" means all shareholders if the total number of shareholders equals 20 or less, or if there are more than 20 shareholders, only those shareholders holding (or controlling) at least 20% of the outstanding voting stock. (If more space is required, please attach additional sheets as necessary.)

Officer's Name	Business Address (Street, City, State, Zip Code)
CEO	
President	
Vice President	
Secretary	
Treasurer	

Director's Name	Business Address (Street, City, State, Zip Code)

Shareholder's Name	Stock Ownership (no. of shares)	Stock Ownership (percentage)

Are all Officers, Directors, etc. and their titles, listed above or on a sheet attached to this application? _____

DESIGNATED CORRESPONDENT (Responsible for responding to questions relating to this application)

Name		Title	
Street Address		City	
State	Zip Code	Telephone No. ()	

LOCATION OF THE PRINCIPAL U.S. OFFICE OF THE REGISTRANT

Name		Telephone No. ()	
Street Address		City	
County	State	Zip Code	

LOCATION OF THE PRINCIPAL MICHIGAN OFFICE OF THE REGISTRANT

Name		Telephone No. ()	
Street Address		City	
County	State	Zip Code	

INDIVIDUAL RESPONSIBLE FOR THE MICHIGAN OPERATIONS OF THE REGISTRANT

Name		Title	
Street Address		City	
State	Zip Code	Telephone No. ()	

LOCATION WHERE OFFICIAL BOOKS, RECORDS AND RELATED MORTGAGE DOCUMENTS OF THE REGISTRANT ARE KEPT (If location is different than applicant address, please attach an explanation.)

Name		Telephone No. ()	
Street Address		City	
County	State	Zip Code	

PLEASE IDENTIFY ANY ADDITIONAL MICHIGAN OFFICE LOCATIONS AT WHICH THE BUSINESS OF THE APPLICANT IS CONDUCTED. ATTACH ADDITIONAL PAGES AS NECESSARY.

Name		Telephone No. ()	
Street Address		City	
County	State	Zip Code	

Certification

I hereby certify that the foregoing REGISTRATION is true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in denial of the REGISTRATION.

Authorized Signature	Title
----------------------	-------

STATE OF (_____)

SS

COUNTY OF (_____)

On this _____ day of _____, _____, before me, a Notary Public in and for said County personally appeared _____ *

known to me to be said person named in and who executed the foregoing application and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

(NOTARY SEAL)

Notary Public _____

My Commission Expires _____

* Type or print name of person appearing before notary.

Affidavit

Official Signing of Registration (For corporate registrants only)

I, _____ of
Name and Title of Official

Registrant Name

a corporation organized in the State of _____, do hereby declare that I am duly authorized to file the foregoing registration and that the statements and representations set forth therein are true to the best of my knowledge and belief.

Authorized Signature

Title

STATE OF (_____)

SS

COUNTY OF (_____)

Subscribed and sworn to before me, a Notary Public in and for said County, on this _____ day of _____, _____.

(NOTARY SEAL)

Notary Public

My Commission Expires

Affidavit

Official Signing of Registration (For general partnership registrants only)

I, _____ of
Name and Title of Official

Registrant Name

a general partnership organized in the State of _____, do hereby declare that
I am duly authorized to file the foregoing registration and that the statements and representations set forth
therein are true to the best of my knowledge and belief.

Authorized Signature	Title
----------------------	-------

STATE OF (_____)

SS

COUNTY OF (_____)

Subscribed and sworn to before me, a Notary Public in and for said County, on this _____ day of

_____, _____.

(NOTARY SEAL)

Notary Public _____

My Commission Expires _____

Affidavit

Official Signing of Registration (For limited partnership registrants only)

I, _____ of
Name and Title of Official

Registrant Name

a limited partnership organized in the State of _____, do hereby declare that
I am duly authorized to file the foregoing registration and that the statements and representations set forth
therein are true to the best of my knowledge and belief.

Authorized Signature

Title

STATE OF (_____)

SS

COUNTY OF (_____)

Subscribed and sworn to before me, a Notary Public in and for said County, on this _____ day of
_____, _____.

(NOTARY SEAL)

Notary Public

My Commission Expires

Affidavit

Official Signing of Registration (For limited liability company registrants only)

I, _____ of
Name and Title of Official

Registrant Name

a limited liability company organized in the State of _____, do hereby declare
that I am duly authorized to file the foregoing registration and that the statements and representations
set forth therein are true to the best of my knowledge and belief.

Authorized Signature

Title

STATE OF (_____)

SS

COUNTY OF (_____)

Subscribed and sworn to before me, a Notary Public in and for said County, on this _____ day of
_____, _____.

(NOTARY SEAL)

Notary Public

My Commission Expires

Certificate of Resolution

CORPORATE BOARD OF DIRECTORS

(For corporate registrants only)

Resolution MUST be completed in registrant's full name, including DBA name(s), if applicable.

This is to certify that at a _____ meeting of the Board of Directors of _____
Regular or Special
 _____, a corporation organized under the laws of the State
Registrant Name
 of _____, held at the office of said corporation at _____ of
City, Village, or Twp.
 _____, County of _____, State of _____
 on the _____ day of _____, _____, the following resolution was duly and
 legally presented and adopted by majority vote of the Board, to wit:

It being the desire and purpose of the Board of Directors of _____
Registrant Name
 that this corporation should take steps to be registered as a _____ under the
Broker, Lender and/or Servicer
 provisions of Act No. 173 of the Public Acts of 1987, as amended.

BE IT RESOLVED, that _____ as _____
Name Title
 of this corporation, and in his / her official capacity is hereby authorized and directed to prepare, execute,
 verify, and present to the proper state authorities of the State of Michigan, and for and on behalf of said
 _____, written registration under the provisions
Registrant Name
 of Act No. 173 of the Public Acts of 1987, as amended, authorizing the conducting of said business as a
 _____ by this corporation and to do all acts and perform all necessary
Broker, Lender and/or Servicer
 legal requirements on behalf of said corporation to procure the same.

Authorized Signature	Title	Date

Certificate of Resolution

(For general partnership registrants only)

Resolution MUST be completed in registrant's full name, including DBA name(s), if applicable.

This is to certify that at a _____ meeting of the Partners of _____
Regular or Special
 _____, a general partnership organized under the laws of
Registrant Name
 the State of _____, held at the office of said corporation at _____ of
City, Village, or Twp.
 _____, County of _____, State of _____
 on the _____ day of _____, _____, the following resolution was duly and
 legally presented and adopted by majority vote of the Partners, to wit:

It being the desire and purpose of the Partners of _____
Registrant Name
 that this general partnership should take steps to be registered as a _____
Broker, Lender and/or Servicer
 under the provisions of Act No. 173 of the Public Acts of 1987, as amended.

BE IT RESOLVED, that _____ as _____
Name Title
 of this general partnership, and in his / her official capacity is hereby authorized and directed to prepare,
 execute, verify, and present to the proper state authorities of the State of Michigan, and for and on behalf
 of said _____, written application under the provisions of
Registrant Name
 Act No. 173 of the Public Acts of 1987, as amended, authorizing the conducting of said business as a
 _____ by this general partnership and to do all acts and perform
Broker, Lender and/or Servicer
 all necessary legal requirements on behalf of said corporation to procure the same.

Authorized Signature

Title

Date

Certificate of Resolution

CORPORATE BOARD OF DIRECTORS OF THE GENERAL PARTNER

(For limited partnership registrants only)

Resolution MUST be completed in registrant's full name, including DBA name(s), if applicable.

This is to certify that at a _____ meeting of the Board of Directors of _____
Regular or Special
 _____, a limited partnership organized under the laws of
Registrant Name
 the State of _____, held at the office of said limited partnership at _____ of
City, Village, or Twp.
 _____, County of _____, State of _____
 on the _____ day of _____, _____, the following resolution was duly and
 legally presented and adopted by majority vote of the Board to wit:

It being the desire and purpose of the Board of Directors of _____
General Partner
 a general partner of _____ that this limited
Registrant Name
 partnership should take steps to engage in business under the provisions of Act No. 173 of the Public Acts
 of 1987, as amended.

BE IT RESOLVED, that _____ as _____
Name Title
 of this limited partnership, and in his / her official capacity is hereby authorized and directed to prepare,
 execute, verify, and present to the proper state authorities of the State of Michigan, and for and on behalf
 of said _____, written application under the provisions of
Registrant Name
 Act No. 173 of the Public Acts of 1987, as amended, authorizing the conducting of said business as a
 mortgage _____ by this general partnership and to do all acts and perform
Broker, Lender and/or Servicer
 all necessary legal requirements on behalf of said corporation to procure the same.

Authorized Signature

Title

Date

Certificate of Resolution

(For limited liability company registrants only)

Resolution MUST be completed in registrant's full name, including DBA name(s), if applicable.

This is to certify that at a _____ meeting of the Members of _____
Regular or Special
 _____, a limited liability company organized under the
Registrant Name
 laws of the State of _____, held at the office of said limited liability company at
 _____ of _____, County of _____,
City, Village, or Twp.
 State of _____, on the _____ day of _____, _____, the
 following resolution was duly and legally presented and adopted by majority vote of the Members, to wit:

It being the desire and purpose of the Partners of _____
Registrant Name
 that this limited liability company should take steps to be licensed as a _____
Broker, Lender and/or Servicer
 under the provisions of Act No. 173 of the Public Acts of 1987, as amended.

BE IT RESOLVED, that _____ as _____
Name Title
 of this limited liability company, and in his / her official capacity is hereby authorized and directed to
 prepare, execute, verify, and present to the proper state authorities of the State of Michigan, and for and on
 behalf of said _____, written registration under the
Registrant Name
 provisions of Act No. 173 of the Public Acts of 1987, as amended, authorizing the conducting of said
 business as a _____ by this limited liability company and to do all acts and
Broker, Lender and/or Servicer
 perform all necessary legal requirements on behalf of said limited liability company to procure the same.

Authorized Signature

Title

Date

Certificate of Agreement

(For general partnership registrants only)

It being the desire and purpose of all the general partners of _____
Registrant Name
 that this general partnership should take steps to be registered as a mortgage _____
Broker, Lender and/or Servicer
 under the provision of Act No. 173 of the Public Acts of 1987, as amended.

IT IS HEREBY AGREED that _____, as
Name
 _____ of this general partnership, in his/her official capacity,
Title
 is hereby authorized and directed to prepare, execute, verify and present to the proper state authorities
 of the State of Michigan, and for and on behalf of said _____,
Registrant Name
 written application for registration under the provision of Act No. 173, Public Acts of 1987, as amended,
 authorizing the conducting of said business as a mortgage _____ by this
Broker, Lender and/or Servicer
 general partnership and to do all acts and perform all necessary legal requirements on behalf of said general
 partnership to procure the same.

_____ General Partner	_____ Signature and Title	_____ Date
_____ General Partner	_____ Signature and Title	_____ Date
_____ General Partner	_____ Signature and Title	_____ Date

Certificate of Agreement

(For limited partnership registrants only)

It being the desire and purpose of all the limited partners of _____
Registrant Name
 that this limited partnership should take steps to be registered as a mortgage _____
Broker, Lender and/or Servicer
 under the provision of Act No. 173 of the Public Acts of 1987, as amended.

IT IS HEREBY AGREED that _____, as
Name
 _____ of this limited partnership, in his/her official capacity,
Title
 is hereby authorized and directed to prepare, execute, verify and present to the proper state authorities of the
 State of Michigan, and for and on behalf of said _____,
Registrant Name
 written application for registration under the provision of Act No. 173, Public Acts of 1987, as amended,
 authorizing the conducting of said business as a mortgage _____ by this
Broker, Lender and/or Servicer
 limited partnership and to do all acts and perform all necessary legal requirements on behalf of said limited
 partnership to procure the same.

_____ Limited Partner	_____ Signature and Title	_____ Date
_____ Limited Partner	_____ Signature and Title	_____ Date
_____ Limited Partner	_____ Signature and Title	_____ Date

ALL APPLICANTS MUST COMPLETE A FINANCIAL STATEMENT

FINANCIAL STATEMENT AS OF _____
month/day/year

Applicant Name _____

Fiscal Year-end of Applicant _____

ASSETS

Cash on Hand and in Banks \$ _____

Notes Receivable ** _____

Accounts Receivable ** _____

Mortgage Loans and Contracts Receivable _____

Stocks, Bonds and Other Investments ** _____

Furniture, Fixtures and Equipment _____

Real Estate and Buildings ** _____

Other Assets ** _____

TOTAL ASSETS \$ _____

LIABILITIES AND NET WORTH

Notes Payable \$ _____

Accounts Payable _____

Contracts and Mortgages Payable

** _____

Other Liabilities ** _____

TOTAL LIABILITIES \$

Capital Stock \$ _____

Capital Surplus _____

Retained Earnings _____

TOTAL NET WORTH

TOTAL LIABILITIES AND NET WORTH \$ _____

** Detail these items on a separate, attached page(s).

Are any of the receivables or other assets shown above due from officers, directors, or related companies? _____
If yes, please detail on a separate page.